

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

10/032867

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 47 minus 20 = | 28 |
| INDEPENDENT CLAIMS | 5 minus 3 = | 2 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

11/6/5

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 30 | 47 | = |
| Independent | 6 | 5 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

1 4 6 12 15 48 49 52 57 64 71

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | = |
| Independent | | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | = |
| Independent | | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 ** If the Highest Number Previously Paid For is 0, enter "0" in column 3.
 *** If the Highest Number Previously Paid For is 1, enter "1" in column 3.
 **** If the Highest Number Previously Paid For is 2, enter "2" in column 3.

SMALL ENTITY

| RATE | TO FEE |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$9= | 280.00 |
| X40= | 84.00 |
| +135= | |
| TOTAL | 706.00 |

OTHER THAN SMALL ENTITY

| RATE | TO FEE |
|-----------|--------|
| BASIC FEE | 710.00 |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

SMALL ENTITY

| RATE | ADDITIONAL FEE |
|-------|----------------|
| X\$9= | Total |
| X40= | 100 |
| +135= | |
| TOTAL | 100 |

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| X\$9= | Total |
| X40= | Independent |
| +135= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| X\$9= | Total |
| X40= | |
| +135= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

JAN 06 2005

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office,
Fax No. 703-672-9306 on 01/06/05.

PATENT
Attorney Docket N :021447-000500US

TOWNSEND and TOWNSEND and CREW LLP

By: 

Sherneka N. Brown

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Csaba Truckai et al.

Application No.: 10/032,867

Filed: October 22, 2001

For: ELECTROSURGICAL JAW
STRUCTURE FOR CONTROLLED
ENERGY DELIVERY

Customer No.: 20350

Confirmation No. 7410

Examiner: Roane, Aaron F.

Technology Center/Art Unit: 3739

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is in response to the Office Action mailed September 28, 2004, the period of response having been extended one month by the accompanying petition and fee authorization. It is believed that no other fees are due with this response; however, should any fees be required under 37 C.F.R. § 1.16 to 1.21 for any reason, the Commissioner is authorized to charge Deposit Account No 20-1430.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

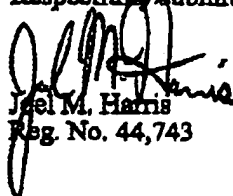
200 L \$100

Appl. N . 10/032,867
Amdt. dated January 06, 2005
Reply to Office Action of September 28, 2004

PATENT

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,

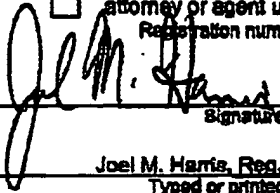


Joel M. Harris
Reg. No. 44,743

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Fax: 415-576-0300
Attachments
JMH:snb
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JAN 06 2005

PTC/BB/22 (1204)

| | | | |
|---|------------|--|-------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 021447-000500US | |
| FY 2005 <i>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4615))</i> | | | |
| Application Number 10/032,867 | | Filed October 22, 2001 | |
| For ELECTROSURGICAL JAW STRUCTURE FOR CONTROLLED ENERGY DELIVERY | | | |
| Art Unit 3739 | | Examiner Roane, Aaron F. | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee | Small Entity Fee | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 60 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,743</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
|  Signature | | <u>01/08/05</u> Date | |
| <u>Joel M. Harris, Reg. No. 44,743</u> Typed or printed name | | <u>680-482-5328</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | |

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